

**Professional Licensing Agency**  
402 West Washington Street  
Room W072  
Indianapolis, IN 46204



**Eric J. Holcomb**  
*Governor of Indiana*  
**Deborah J. Frye**  
*PLA Executive Director*

### Podiatrist Reinstatement

Your podiatrist license in the state of Indiana has been expired 3+ years. To reinstate, please print and complete this form in its entirety and submit it with the reinstatement fee of \$250.00 and required documentation (listed below) to the office address shown above. Make check or money order payable to 'Indiana Professional Licensing Agency'. If you answer 'Yes' to any disciplinary question below send a detailed statement regarding the response with your renewal form.

LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address			
Licensee Name		License Number	Expiration Date
Renewal Fee			
Street Address			
City	State	Zip Code	
Phone Number	Email Address		
QUESTIONS			
1. Since you last renewed, has any health profession license, certificate, registration, or permit you hold or have held been disciplined or are formal charges pending in any state or U.S. territory?			YES NO
2. Since you last renewed, have you been denied or surrendered a license, certificate, registration, or permit in any state or U.S. territory?			YES NO
3. Since you last renewed, and except for minor violations of traffic laws resulting in fines and arrests or convictions that have been expunged by a court, have you been arrested, entered into a diversion agreement, been convicted of, pled guilty to, or pled nolo contendere to any offense, misdemeanor, or felony in any state or U. S territory?			YES NO
4. Since you last renewed, have you had a malpractice judgment against you or settled a malpractice action?			YES NO
5. Since you last renewed, have you been denied staff membership or privileges in any hospital or health care facility or have staff membership or privileges been revoked, suspended, or subjected to any restriction, probation, or other type of discipline or have you resigned in Lieu of discipline or termination?			YES NO
6. Since you last renewed, have you had any addiction or treatment for addiction to alcohol or a chemical substance?			YES NO
7. Since you last renewed, have you had any physical injury or disease or mental illness that affected or may affect your ability to practice podiatric medicine?			YES NO
8. Pursuant to IC 12-32-15 and IC 12-32-1-6, I swear under the penalty of perjury that I am a United States Citizen.			YES NO*
LICENSEE AFFIRMATION			
I hereby swear or affirm under the penalties of perjury that I have met the continuing education requirements for renewal, understand the Board of Podiatric Medicine statutes and rules and have answered the questions true to the best of my knowledge.			
Signature of Licensee		Date (month, day, year)	

*\*If you indicate you are not a US Citizen, please provide documentation from USCIS that shows proof of your qualified alien (as defined under 8 U.S.C. § 1641) status or documentation indicating you are authorized by the federal government to work in the United States.*

- You also need to submit a signed work history from the time your license expired to current
- You need to submit a list of all states you are or have been licensed in with this form as well as have all states send an official verification of said license
- You must submit all CE documents
- Letter from current employer

Visit us on the web at [www.pla.in.gov](http://www.pla.in.gov). If you have any questions for the Board of Podiatric Medicine please email [renewal3@pla.in.gov](mailto:renewal3@pla.in.gov) or call 317-234-2060.

FOR OFFICE USE ONLY		
Renewal Fee	Receipt No.	Date